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Application No.	Attorney Docket No.	Application No.	Attorney Docket No.
10/837,863	BLL-0178	10/727,186	BLL-0132
10/828,050	BLT0176	10/719,476	BLL-0130
10/828,718	BLL-0181	10/745,423	BLL-0156
10/840,550	BLL-0183	10/740,216	BLL-0139
10/736,470	BLL-0162	11/000,144	BL1,-0259
10/7-10,155	BLL-0166	11/007,030	BLL-0265
10/739,599	BL-L-0137	10/977,920	BLL-0246C2
10/735,931	BLT0144	10/941,435	BLL-0205
10/736,440	BLL-0145	10/984,445 🗹	BLL-0204

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PTO/SB/122 (09-04) Doc Code: Approved for use through 07/31/2006 OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Revuetion Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number CHANGE OF 10/736,440 Filing Date 12/15/2003 CORRESPONDENCE ADDRESS First Named Inventor RECE Application Steven Tischer CENTRAL FAX GENTER Art Unit Address to: 2641 Commissioner for Patents Examiner Name Unknown P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket Number BLI-0145 Please change the Correspondence Address for the above-identified application to: X The address associated with 36192 Customer Number: OR Firm or Individual Name Address City State ZIP Country Tolephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124), I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registration Number Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. Seo 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Daniel F. Drexler Telephone (860) 286-2929 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. (X) \*Total of:

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